

**PATENT**

**Applicant:** Koblisch et al.

**Serial No.:** 10/658,616

**Filing Date:** September 8, 2003

**Title:** Method and Apparatus For  
Positioning a Diagnostic or Therapeutic  
Element Within the Body and Tip  
Electrode For Use With Same

**Group Art Unit:** 3739

**Examiner:** Vrettakos

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Mail Stop – Issue Fee**

**ISSUE FEE TRANSMITTAL LETTER**

Sir:

We enclose a PTOL-85 (Issue Fee Transmittal). A credit card charge authorization in the amount of \$1700 for payment of the issue fee and publication fee is accompanying the filing of this paper. Please note that the assignee, Scimed Life Systems, Inc., changed its name to Boston Scientific Scimed, Inc. effective January 1, 2005.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0638.

Respectfully submitted,

December 29, 2006  
Date

/Craig A. Slavin/  
Craig A. Slavin  
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Attorney for Applicant

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# **PART B - FEE(S) TRANSMITTAL**

**Complete and send this form, together with applicable fee(s), to:** **Mail** **Mail Stop ISSUE FEE**  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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21836 7590 10/06/2006

**HENRICKS SLAVIN AND HOLMES LLP**  
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| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/658,616 09/08/2003 Josef V. Koblish 15916-271FX 2540

**TITLE OF INVENTION: METHOD AND APPARATUS FOR POSITIONING A DIAGNOSTIC OR THERAPEUTIC ELEMENT WITHIN THE BODY AND TIP ELECTRODE FOR USE WITH SAME**

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 01/08/2007 |

| EXAMINER           | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| VRETTAKOS, PETER J | 3739     | 606-041000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Henricks, Slavin

2 & Holmes LLP

3 \_\_\_\_\_

## **3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**Boston Scientific Scimed, Inc. Maple Grove, MN**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## **4a. The following fee(s) are submitted:**

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

## **4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)**

- ☐ A check is enclosed.  
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## **5. Change in Entity Status (from status indicated above)**

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Date **Dec. 29, 2006**

Typed or printed name **Craig A. Slavin**

Registration No. **35,362**

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